

Dane County Planning & Development Dept.

December 2013

Homelessness and Dane County Fact Sheet

Why are People Homeless?

There are two trends largely responsible for the rise in homelessness over the past 20-25 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty.

Lack of Affordable Housing

There has been an increase of 41% from 2000 to 2009 in fair market rent for a two-bedroom unit, according to HUD (National Low Income Housing Coalition, 2009).

Poverty

Two factors help account for increased poverty: eroding employment opportunities for large segments of the workforce and the declining value and availability of public assistance.

In 2007, 12.5% of the U.S. population, or 37 million people, lived in poverty. The official poverty rate in 2007 was not statistically different than in 2006 (U.S. Bureau of the Census, 2007). Children are overrepresented, composing 35.7% of people in poverty while only being 24.8% of the total population.

In 2012, 15% of the US population was living in poverty, or 46.5 million peopleⁱ.

The poverty rate in 2012 for children under age 18 was 21.8 percent. The poverty rate for people aged 18 to 64 was 13.7 percent, while the rate for people aged 65 and older was 9.1 percentⁱⁱ.

Poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped.

Eroding work opportunities

Other reasons why homelessness persists include stagnant or falling incomes and less secure jobs which offer fewer benefits.

Other Factors

Particularly within the context of poverty and the lack of affordable housing, certain additional factors may push people into homelessness. These include:

Lack of Affordable Health Care

For families and individuals struggling to pay rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction.

One in three Americans, or 86.7 million people, are uninsured. Of those uninsured, 30.7% are under eighteen. In 2007-2008, four out of five people that were uninsured were working families. Work-based health insurance has become rarer in recent years, especially for workers in the agricultural or service sectors (Families USA, 2009).

In 2011, the percentage of people without health insurance decreased to 15.7 percent from 16.3 percent in 2010. The number of uninsured people also decreased, to 48.6 million, down from 50.0 million in 2010.

In 2012, the percentage of people without health insurance decreased to 15.4 percent from 15.7 percent in 2011. The number of uninsured people in 2012 was not statistically different from 2011, at 48.0 millionⁱⁱⁱ.

Domestic Violence

Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. In addition, 50% of the cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2005). Approximately 63% of homeless women have experienced domestic violence in their adult lives (Network to End Domestic Violence).

Mental Illness

Approximately 16% of the single adult homeless population suffers from some form of severe and persistent mental illness (U.S. Conference of Mayors, 2005). Despite the disproportionate number of severely mentally ill people among the homeless population, increases in homelessness are not attributable to the release of severely mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly.

According to the 2003 U.S. Department of Health and Human Services Report, most homeless persons with mental illness do not need to be institutionalized, but can live in the community with the appropriate supportive housing options (U.S. Department of Health and Human Services, 2003). However, many mentally ill homeless people are unable to obtain access to supportive housing and/or other treatment services. The mental health support services most needed include case management, housing, and treatment.

Addiction Disorders

While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who are poor and addicted are

clearly at increased risk of homelessness. Addiction does increase the risk of displacement for the precariously housed; in the absence of appropriate treatment, it may doom one's chances of getting housing once on the streets. Homeless people often face insurmountable barriers to obtaining health care, including addictive disorder treatment services and recovery supports.

Dane County and Homelessness

In Dane County, the causes and conditions of homelessness and poverty reflect those described nationwide. Below are local statistics and descriptions of Dane County initiatives as well as details about funding and programs.

Statistics

In 2012, 3,382 individuals stayed at least one night in a Dane County shelter program. This number represents 1,436 people in families (445 families with 881 children under 18 years of age), 1,362 single men, 549 single women, 31 unaccompanied youth under the age of 18 and 2 couples without children.

It was reported that in 2012, a total of 1,654 individuals were turned away without shelter. This number was a decrease from 2011 when 2,003 were turned away without shelter. In 2012, 63% of those turned away were families with children. The primary reasons indicated for turn-aways were “no shelter beds or vouchers available.”

Available Housing

In Dane County there are a combined total of 1,059 transitional housing and supportive permanent housing beds/units and rent subsidized units operated by non-profit organizations.

In 2012, the CDA operated 859 units as public housing and 168 units as affordable housing (Monona Shore Redevelopment, Burr Oaks

Senior Housing and Revival Ridge). The DCHA operated 102 units across Dane County.

According to WHEDA and HUD, there are 8,628 federally assisted housing units in Dane County: 4,683 for families with children, 3,733 for elderly and disabled tenants, and 212 for special needs tenants. This is an increase from 2011. Sixty-four percent (64%) of the units are located within the Madison city limits.

Dane County Programs

- Dane County primarily provides funding for emergency shelters for single men and women and families. In 2014 the county will provide just over \$1.2 million to support shelter programs.
- The county will provide just over \$243,000 for housing counseling, family support and crisis funds in 2014.
- \$150,000 (including \$100,000 in outside revenue) has been included in the 2014 budget to operate a day resource center for the homeless.
- \$1.6 million is available in 2014 to develop various housing alternatives for low income individuals.

In addition to Dane County programs, there are dozens of programs, agencies and non profit organizations that work to support the homeless and housing insecure throughout the City and County.

References

This fact sheet was excerpted from the National Coalition for the Homeless Report, July 2009; and, the 2012 Annual Report on Homeless Served in Dane County, City of Madison, Community Development Division.

Additional statistics included are from the US Census and noted.

ⁱ US Census, *Current Population Survey (CPS), 2013 Annual Social and Economic Supplement (ASEC)*.

ⁱⁱ US Census, *Current Population Survey (CPS), 2013 Annual Social and Economic Supplement (ASEC)*. *Since unrelated individuals under 15 are excluded from the poverty universe, there are 468,000 fewer children in the poverty universe than in the total civilian non-institutionalized population.*

ⁱⁱⁱ US Census, *Current Population Survey (CPS), 2013 Annual Social and Economic Supplement (ASEC)*.

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